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ABSTRACT

Community health nursing curriculum components in a sample of baccalaureate nursing programs were investigated. Questionnaires were sent to a sample of 12 National League of Nursing (NLN) accredited, generic, baccalaureate nursing programs representative of the four NLN regions in the United States. Community health nursing content in theory classes reflected changing societal needs and changes in the health care system. There were three curriculum patterns for provision of these theory classes and for community health nursing clinical experiences. However, in all programs community health nursing agencies were utilized for clinical laboratory experiences and case load. Also, families were the main focus of client care and both family residences and schools were used as clinical settings. Additional types of clinical experiences were provided in a variety of community settings. The faculty members' preparation was also assessed. There was no statistical significance between instructor and program variables. Results indicate the need for development of a formal mechanism between the university and community health agencies for ongoing assessment of the preparation needed to practice community health nursing. (Author/SW)

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Community Health Nursing Curriculum
Components in Baccalaureate
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Running head: CHN CURRICULUMS

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Abstract

This study investigated community health nursing curriculum components in a sample of baccalaureate nursing programs. The study was carried out in response to concerns expressed in the literature regarding the quality and components of the educational preparation of baccalaureate nursing programs.

The methodology was descriptive. Data were collected by means of a questionnaire from a quota sample of 12 National League for Nursing (NLN) accredited, generic, baccalaureate nursing programs representative of the four NLN regions of the United States.

Data were coded, tabulated, and percentages calculated for each region as well as for the total sample in order to allow for description of the curriculum components. Chi-square analysis was carried out on selected instructor and program variables with .05 as the established level of significance.

Community health nursing content in theory classes reflected changing societal needs and changes in the health care system. There were three curriculum patterns for provision of these theory classes and for community health nursing clinical experiences. However, in all programs community health nursing agencies were utilized for clinical laboratory experiences and case load. Also, families were the main focus of client care and both family residences and schools were used as clinical settings. Additional types of clinical experiences were provided in a variety of community settings. There was no statistical significance between instructor and program variables.

The study points out the need for development of a formal mechanism between the university and community health agencies for ongoing assessment of the preparation needed to practice community health nursing. In addition, evaluation of adequacy of the preparation could be used to enhance the community health nursing components of the curriculum.

Introduction

Change in nursing is continual, predictable and reflective of change in society. It follows that education for practice of the nursing profession has changed and continues to do so. Preparation for community health nursing (CHN)¹ reflects these changes.

Review of Literature

Although there was no instruction CHN in the early days of American nursing education, 13 institutions offered CHN courses by 1919. However, this was a separate specialty type of education and not an integral part of the baccalaureate nursing curriculum (Shetland, 1963). In 1951 the National Organization for Public Health Nursing (NOPHN) issued the policy statement that basic collegiate programs should plan to include CHN preparation. This was reinforced by the National League for Nursing (NLN) in 1952 (Davies, 1953). This recognition of CHN as an essential part of baccalaureate nursing education was incorporated in the 1959 Criteria for the Evaluation of Educational Programs in Nursing That Lead to Baccalaureate or Master's Degrees. After 1963 to meet the NLN requirements for accreditation, a program had to include CHN preparation (Shetland, 1963).

In the 1950's, baccalaureate preparation for CHN typically consisted of theory classes and a clinical block placement in an

¹ For this study, community health nursing (CHN) and public health nursing (PHN) are used interchangeably.

official or voluntary health agency during which the students were supervised by staff nurses. Theory classes either preceded the placement or were taught concurrently with it. During the 1960's, there was a change in the clinical block placement in that student supervision became the responsibility of nursing faculty. In the following decade, many schools developed a CHN experience that was integrated into other courses (Knollmueller, White, & Yaksich, 1979). With this focus on multicourse learning experiences, a block of time for theory classes and clinical laboratories was discontinued and CHN theory and clinical experiences began to be integrated throughout the curriculum.

The integrated approach to CHN preparation led to much examination of the components of CHN and examination of the knowledge and skills necessary for its practice. The inadequacy of limiting CHN to family-centered care provided outside of the hospital setting was presented (Kurtzman, Ben Ibgui, Pogrund, & Monin, 1980). Along with this, the importance of including the following in CHN preparation was discussed: the concept of "community;" a focus on health of populations; groups/communities and their health needs and problems; health promotion, prevention, and maintenance and the related community health services; biostatistics; epidemiology; and physical, biological, and sociocultural environmental factors. In addition, clinical laboratory approaches to application and

synthesis of these concepts and content were described and outcomes evaluated (Andresen, & Petrarca, 1981; Kurtzman et al., 1980; Miller, 1982; Ruffing, 1979; Williams, 1977).

Another concern prompted by the integration of CHN theory and clinical practice into new designs in baccalaureate nursing programs was that of adequacy of the preparation of new graduates for beginning CHN practice (White, Knollmueller, & Yaksich, 1980). Reports of various methods of teaching concepts and of applying them in the clinical laboratory addressed many of the concerns. In one program, the seminar format was used to teach theoretical content (Anderson, 1980). In another, beginning skills of CHN were taught in workshops prior to the student entering the clinical setting (Coombe et al., 1981). In a third, CHN was taught collaboratively by CHN faculty and agency staff (Adams, 1980). In this program, faculty members provided students with the necessary content, guided staff members in their facilitator role, and also facilitated and evaluated student achievement of clinical objectives. Agency staff nurses acted as facilitators of student clinical learning experiences by selecting clients and by meeting with students to monitor client progress and to identify appropriate nursing interventions.

The benefits of several innovative approaches to clinical laboratory experiences were also offered. Because of the numerous opportunities in CHN to offer comprehensive service to

clients, one program utilized this clinical laboratory experience to provide students with a broadened scope of the application of both CHN and psychiatric nursing theory (Rynerson, 1981). In another program, student time management and caseload organizational skills were found to be enhanced by "districting," that is having a student assume responsibility for all client care within a geographic area or district (Andreson & Petrarca, 1981). A third found that substituting student peer evaluation for one of the two faculty-observed home visits allowed students to contribute to their own learning and to participate in some of the roles expected of graduate nurses. In addition, this experience provided student with immediate feedback regarding use of the nursing process in the home (Gustafson, 1980). A fourth school's experimental community assessment project was evaluated as a superb experience. From this concrete experience, students learned about the broad concept of the community, its people, their health needs, and the health services available. The students also developed positive attitudes about their role in CHN (Miller, 1982). In another school's approach, understanding of public health science and nursing were increased by the utilization of epidemiological concepts in assessing a health problem in the community, then designing and implementing an intervention based on the assessment (Kurtzman et al., 1980).

Lastly, the merit of using innovative settings along with the traditional ones of health departments and visiting nurse agencies was given. Use of the additional clinical laboratory settings of an infant-toddler day care center (Ruffing, 1979) and a Medical Center-School of Nursing CHN pilot program (Donabedian, 1979) was found to crystalize student understanding of CHN practice in a variety of community settings.

Because of the impact of faculty on all aspects of the curriculum, they makeup a critical curriculum component. This was addressed by the NLN (1983) in the requirements that faculty have educational preparation and continuing expertise in the area of their teaching responsibility and in curriculum development, evaluation, and instructional design. Other than these criteria, there was found to be a sparsity of literature about this vital part of curriculums that prepare students for the practice of CHN--the CHN faculty.

Examination of the literature revealed that much has been written about changes in CHN preparation including concerns about adequacy of preparation and experimental approaches to clinical laboratories. However, the actual theoretical and clinical components of CHN have not been studied. For this reason, the CHN curriculum components in a sample of baccalaureate nursing programs were investigated.

The following research questions were posed:

1. What are the CHN components in baccalaureate nursing education?
2. What concepts are included in CHN theory classes?
3. What are the components of CHN clinical laboratories?
4. What is the preparation of CHN faculty?

Method

Sample

The quota sample consisted of 12 baccalaureate nursing programs and the 24 CHN faculty from the programs in the study. The programs were selected in equal numbers from the four NLN regions of the United States. Criteria for inclusion were that a program be (a) a generic, baccalaureate program, and (b) possess NLN accreditation. The faculty included in the sample were those with CHN theory and/or clinical teaching responsibilities in the programs in the study.

Seven of the programs were offered in colleges and five in universities. All faculty had baccalaureate education in nursing. The distribution of the Masters' degrees was as follows: Master in Nursing (16.6%), Master of Science in Nursing (29.1%), Master of Public Health (29.1%), and Master of Science (25%). Two faculty subjects also had Doctor of Education degrees. Academic ranks ranged from Instructor through Professor with the largest percentage of faculty (83.3%) at the lower ranks of Instructor (37.5%) and Assistant Professor

(45.8%). Only 16.6% of the faculty subjects were at the ranks of Associate Professor or Professor (8.3% each).

Procedure

Data were collected by means of mailed questionnaires that had been designed by the investigator and on which content validation had been carried out by a panel of five experts. The program and faculty questionnaires, instructions, informed consent statements, and return envelopes were sent to each participating program. Anonymity was assured the subjects and provided for by utilizing codes on the questionnaires sent to both the program and faculty subjects. The questionnaires were returned to the investigator for analysis.

Analysis

Data were categorized, tabulated, and percentages calculated to allow for description of the curriculum components. In addition, Chi-square with a significance level of $<.05$ was carried out to determine if there were a significant difference between CHN faculty with and those without graduate education in CHN in: (a) affiliation with an integrated approach and those with a separate course approach to teaching CHN, and (b) the inclusion or omission of contemporary CHN concepts in theory classes. Concepts are listed in Table 1.

Table 1
Community Health Nursing Concepts
Included in Theory Classes in Sample

CONCEPT	NO.	%
Abuse ^a		
Person	10	83.3
Substance	7	58.3
Anticipatory Guidance	11	91.6
Chronic Disease	11	91.6
Communicable Disease	11	91.6
Communication ^a	9	75
Community	11	91.6
Community Health	11	91.6
Community Health Nursing	12	100
Environment	12	100
Epidemiology	12	100
Family	12	100
Group	11	91.6
Health Care Systems	12	100
Health Teaching/Counseling	12	100
Levels of Prevention	12	100
Levels of Wellness ^a	11	91.6
Public Health Science	6	50
Research	8	66.6
Statistical Indices of Health	11	91.6
Community Programming	1	8.3
Genetic Counseling	1	8.3

a - Contemporary concept. (No general notes for traditional concepts)

Findings

In all programs studied, CHN preparation was designed to be a required not an elective curriculum component. In these programs, the approaches to teaching community health nursing included: total integration into other required courses (41.6%); presentation as a separate, required course (41.6%); and partial integration into other required courses with partial presentation as a separate, required course (16.6%).

Content in community health nursing theory classes included both traditional and contemporary CHN concepts (See Table 1). The traditional concepts of CHN, environment, epidemiology, family, health care systems, health teaching/counseling, and levels of prevention were taught in all programs. The contemporary concept of levels of wellness was taught in most (91.6%) of the programs as were the traditional concepts of anticipatory guidance, chronic and communicable disease, community and community health, group, and statistical indices of health. The percentage of programs in which the other identified concepts were taught decreased steadily from 83.3% where the contemporary concept of person abuse was presented to 50% in which the traditional concept of public health science was included. Other concepts reported as being taught in individual programs were community assessment and diagnosis, community programming, culture influences, genetic counseling, and leadership.

In all programs studied, CHN agencies were utilized as sources of clinical laboratory experiences/caseload. One agency was used by 16.6%, two agencies by 41.6%, and three agencies by 33.3% of these programs. The types of agencies utilized as sources by the programs included: official CHN agencies (75%), voluntary CHN agencies (58.3%), and proprietary CHN agencies (50%). In addition, outpatient departments were used by 41.6% of the programs, physicians by 33.3%, students by 25%, and inpatient departments by 8.3%. Other sources were given as hospital referrals (16.6%), a Women, Infants, and Children (WIC) and an elderly nutrition program, a social service and a developmental disability agency, the American Red Cross, and a hospice (8.3% each).

A variety of settings were utilized for CHN clinical laboratory experiences. Family residences and schools were used by all programs in the sample. Additional settings included community-based clinics and senior citizen centers (58.3% each), child care centers (50%), industry (41.6%), and hospital clinics (33.3%). Other settings were listed as a: physician's office, college student health service, Young Men's Christian Association (YMCA), community group for abusive families, positive parenting program, training center for the handicapped, home and outreach programs for unwed mothers and adolescent parents, and crippled children's programs (8.3% each).

Nursing care of client(s) with a health need/problem and teaching/demonstration about health promotion were focuses of all programs in the sample. Additional focuses included: observation and teaching/demonstration about health maintenance (91.6% each), screening and teaching/demonstration about health restoration (83.3% each), referral (66.6%), and selected student projects (58.3%). Community assessment was also reported as a focus by 16.6% of the programs.

In all programs in the sample, families were the type of client with whom CHN was practiced in clinical laboratories. Other types were individuals and groups (83.3%), and communities (58.3%).

Of the CHN faculty in the study, many (66.6%) had some type of CHN educational or experiential preparation (See Figure 1). Of these, the percentage of faculty with CHN work experience was much greater than those with educational preparation (62.5% vs. 41.6%). The remaining one third of the faculty in the study had neither educational preparation nor work experience in CHN.

Examination of the programs for the preparation of their CHN faculty revealed several patterns of faculty preparation. This included programs in which: all faculty had both graduate education and work experience in CHN (16.6%); the faculty had CHN education only (8.3%); all faculty had CHN work experience only (25%); part of the faculty had either CHN graduate education or work experience, and part had neither of these

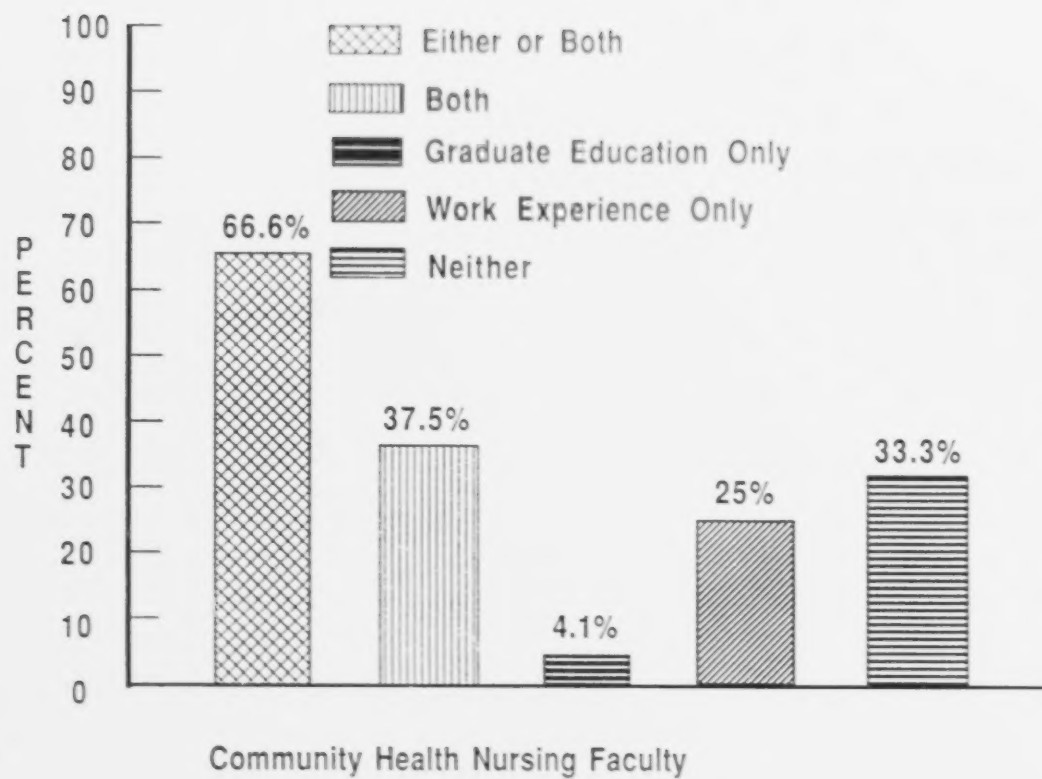


Figure 1. Preparation of faculty in community health nursing:
Graduate education and work experience.

(25%); and none of the faculty had either CHN graduate nursing education or work experience (25%).

When CHN faculty with graduate education in CHN and those without this preparation were compared, there was no significant difference in their affiliation with baccalaureate nursing curriculums that had an integrated approach and those with a separate course approach to teaching CHN [$\chi^2(1, N = 24) = .198, p > .7]$, nor in the inclusion or exclusion of contemporary concepts in CHN in theory classes in theory classes in the programs with which they were affiliated [$\chi^2(1, N = 24) = .134, p > .75]$.

Discussion

The findings of this study indicated that both traditional and contemporary CHN concepts were taught in most of the programs in the sample. In addition, in clinical laboratories, the sources, focuses, settings, and types of client reflected traditional and innovative CHN learning experiences. However, sample size and voluntary participation may have been a factor in the findings. Therefore, future study of a larger sample that would lend itself better to generalization is suggested.

The lack of any type of CHN preparation in one third of the faculty subjects along with the utilization of only unprepared faculty to teach CHN in one fourth of the sample programs raised questions as to the quality of CHN preparation provided in

individual programs. In addition, because one-fourth of the faculty had work experience but no graduate education preparation in CHN, it is likely that within individual programs the caliber of student experiences may vary with the instructor providing the classroom and clinical laboratory instruction. For these reasons, investigation of these areas is needed.

Recommendations

Although examining the CHN components of baccalaureate nursing curriculums is appropriate, it is also necessary to investigate CHN agencies' perspectives about the competencies needed by new graduates to practice CHN. In addition, it is important that this information be shared with baccalaureate nursing programs. In CHN, redefinition of roles has responded changes in society's life style, needs and/or problems, and technology. In order that curriculums reflect changes in CHN, it is essential to have ongoing assessment of the preparation needed to practice CHN. For this to take place, a system of ongoing university-agency communication is necessary. Then, systematic, controlled change of curriculum components can be planned to meet the goal of preparing students to meet the nursing needs of a continually changing society.

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